

FORTY YEARS OF MEDICAL PRACTICE IN BUCKS COUNTY—THE METHODS AND MATERIALS, ETC.

A PAPER PREPARED BY DR. JOSEPH FOULKE, OF BUCKINGHAM, AND READ AT THE ANNUAL MEETING OF THE BUCKS COUNTY MEDICAL SOCIETY, AT LENAPE HALL, DOYLESTOWN, NOVEMBER 22, 1888.

In taking a retrospect of medical practice in Bucks county, for the last forty years, I shall not discuss it as in all respects rose-colored, but rather canvass it in what I believe to be its true aspects, its ups and down, pros and cons. Progress in medicine is like all other advancements in science—not always in the right—for sometimes we follow an *ignis fatuus* and have to drop it. Using an old expression in regard to specie payment, "the way to resume is to resume," so in regard to advancement in medicine "the way to advance is to advance," and that is what the physicians of Bucks have been trying to do, and certainly we have made considerable headway during the last forty years.

Observation and experiments are the foundation of all knowledge. The development consequent upon these is the difference between medical practice in the times of Hippocrates and today, and perhaps during all that time there has been no period of equal length that has been so prolific in results, so fertile in benefits conferred upon the human race, as has the last half century. Now, while we do not claim that any very valuable additions to the *Materia Medica*, nor that any material changes in the treatment of diseases have been suggested by the physicians of Bucks, they have at least not been slow to adopt the advances that have been elsewhere developed and quickly added to their armamentaria any new weapon that seemed likely to prove effective in their fight against the ills that flesh is heir to.

Forty years ago the first thing the physician would do, upon calling to see a patient, after feeling the pulse and looking at the tongue, would be to call for a wash basin and a broom; then, rolling up the patient's sleeve, tie a bandage above the elbow and direct him to grasp the broom firmly upside down, strike the lancet and draw from sixteen to thirty ounces of blood. This was almost universally the case, if the patient was sick enough to send for a doctor, he was sick enough to bleed; and then a dose of calomel, or calomel and jalap, to be followed by a dose of castor oil or salts, or salts and senna, and particular instructions given not to drink any cold water. I can speak experimentally of this, for when a little fellow not more than four or five years old (but that was more than forty years ago), I used to have what the doctor called attacks of phthisic. It was a species of croup or asthma, characterized by great difficulty of breathing and considerable fever. I have no doubt the symptoms seemed alarming. The old doctor used always to bleed me and then give me calomel and jalap. I can remember it now, taking it in molasses, thinking it was not very bad to take. I would get well in the course of two or three weeks, then run out and play "tickle bender" and get in the pond and have another attack, so I would have two or three spells during a winter and get bled every time, and this occurred for a number of seasons, so my arm is pretty well scarred up. However, I survived it, for here I am.

How is it now? Forty years ago medical gentlemen habitually carried their lancets with them. Now they are more apt to carry the hypodermic syringe. But in fevers, especially typhoid fever, where bleeding was practiced, the want of success was marked, and, added to this, the deprivation of cold water, the suffering of the patient was, no doubt, very great. The idea was very prevalent that cold water was the worst thing a fever patient could have, and the nurses were very generally careful to carry out the instructions not to let them have any cold water notwithstanding the most piteous pleas of the patient. I have heard of many instances where the patients have eluded the watchfulness of the nurses and crawled out of bed, and sometimes down stairs, to the spring, and drank heartily of cold, fresh water, and then crawled back to bed, soon being in a fine perspiration, and next morning much better, to the surprise of the doctor.

The want of success in these cases gave encouragement to a number of isms that started up about this time. Among them the Thompsonians tried their luck with their steamings, composition, Cayenne pepper, &c., but with still worse success, as the unfortunate with typhoid fever, who got into their hands, seldom ever came out alive. This branch of medical isms, as an exclusive practice, I think is pretty nearly extinct, as we seldom meet with a full believer in it now, whereas formerly there were many—almost any one would get hold of one of Thompson's books, read it, think himself a doctor and go to practicing.

The homœopaths with their little pills, their infinitesimal doses, their *Similia Similibus Curantur*; the Hydropaths, the Electropaths, and I don't know how many other "paths," tried their hands, but did not make any impression on the fever patients. The steaming of the Thompsonians, the cold water of the Hydropaths, the little pills of the Homœopaths, are all good in their place, but none as an exclusive system of practice.

Bleeding, no doubt, in those days was carried to excess. It seemed to be the popular impression they should be bled not only when they were sick, but when they were well, so they would not get sick. It was so popular that doctors had not the time to do all the bleeding, so some of it fell into unprofessional hands. I had an uncle, a farmer, who did considerable bleeding. The people, in the spring of the year, thinking they needed bleeding, would go to him and he would bleed them. Another uncle, who lived on the adjoining farm, would pull teeth; he would take the old cant hook and yank them out.

After while the physicians began to realize there was too much bleeding, and the wheel of fashion began to turn in the other direction, and, as one extreme is apt to follow another, they got pretty nearly into the other extreme and did not bleed at all. There is one disease to which I want to call your especial attention, in which I think bleeding is of the utmost importance; that is, acute atrophic pneumonia, in its early stage. It does not do to leave it too long, or the mischief to the lung will be done, and then it will be worse than useless. It should be done in the first two or three days of the disease, and then the relief will be great and immediate. I have no doubt that since bleeding has been out of fashion many valuable lives have been lost for the want of it in pneumonia, and I am glad to see the wheel of fashion is turning back again, and trust it will continue until it gets to a conservative and normal position, and remain there.

To illustrate the changes of words in different diseases, I will say a few words in regard to peritonitis. When I began practice it was the custom in this disease to begin treatment by giving a dose of physic, and if one dose did not operate on the bowels, to keep on until you get a free evacuation, then give refrigerants, anti-febrifuges, etc. My experience with this mode of treatment was not satisfactory. Then came what was called the opium treatment, or putting the bowels in splints. With me this treatment has proved much more satisfactory. Last winter I read an article on the subject, in one of the periodicals, by one of the professors in Philadelphia, disapproving of what he called the old method of treatment, of putting the bowels in splints (I thought it was the new method), and recommending keeping the bowels open once or twice a day by a mild aperient, &c. Now, if you have a case of peritonitis, that you can have the bowels under such control that you can get one or two movements a day by a mild aperient, you have not got a bad case of peritonitis, and it will get well almost without treatment. But if you have a case where you can hardly touch the abdomen without the patient screaming, where he is doubled up and can't get untwisted, where he can hardly bear the weight of the sheet upon him—if you have such a case and do not give opium, and give it freely, you will soon be minus a patient.

In scarlet fever and the other *exanthemata* the old methods of treatment have been entirely exploded. The idea of keeping the patient, already burning up with fever, in a close room, giving him hot teas, and keeping well covered up in bed, to bring out the rash, does that very effectually, so effectually that if he has not got a good constitution it will go pretty hard with him to get up again. Nowadays he is kept in a well aired, well ventilated room, given refrigerants, &c. I have no doubt you are all familiar with Dr. Corson's brochure on his cold water or ice treatment of scarlet fever. But here again I think we can go a little too far in one extreme following the other. Cold water or ice alone will not cure scarlet fever. As adjuvants they are very useful, and with the administration of *digitalis*, *chlorate of potash* and a milk diet, is the best treatment I have found.

About 1860 diphtheria visited Bucks county for the first time that I have any knowledge of. Diphtheria is probably one of the oldest diseases of the human race. It was known to the ancients under the name of *Egyptium malum*, and subsequently as *ulcus syriacum*, *morbus suffocans*, *angina maligna* and various other names. In some cases that occurred in Massachusetts in 1659 it was described under the not very euphonious but expressive title of "the malady of bladders in the wind pipe." It was given its present name by Bretonneau, of France, in 1821. Although it had occasionally visited this country temporarily, it had not, until about 1853 or '59, taken a permanent foothold here; but since that time it has aroused the universal attention of physicians. When I attended lectures (1852, '53, '54), I do not remember hearing it spoken of at all. The standard books of reference of those days were either entirely silent or gave the most meagre description of it, so that when it came upon us here in Bucks in 1860 (to those of us who had not searched pretty thoroughly into ancient literature), it was really a new disease, and we were thrown upon our own resources. It was almost the universal practice then to cauterize the exudation in the fauces with *Arg. Nit.*, 20 to 60 grains to the oz., not only once a day, but several times, and those who did it the oftenest would have occasion to do it still more often, as it would not stay cauterized. Sol. *chlor. of potas.* was used as a gargle—that was the first we heard much tell of *chlorate of potas.*—before then it was very little used. The first cases I saw struck me as resembling somewhat some cases of pseudo membranous croup, that had resulted favorably under the use of *hyd. chl. mit.*, and I concluded to commence treatment with a calomel purge. As cauterization was so fashionable at that time, it would not do to leave it off altogether, so I cauterized once a day, with the chlorate gargle every three or four hours. After a few days' tonics and a good diet under that treatment I lost but few cases. The cauterization once a day did not do much harm, but subsequent experience has taught us it was entirely useless, and now I believe it is given up by all.

But the use of *hyd. chlor. mit.*, given floating on water every two or three hours, for one or two days, if necessary, supplemented by the use of *sat. sol. of potas. chlor.*, given almost *ad libitum*, with tonics and milk diet, I believe to be the treatment par excellence in this disease.

To enumerate some of the discoveries and advancements that have been made within the limits of which I am speaking, auscultation and percussion have been greatly developed. Before their advent you could hardly distinguish, certainly, pneumonia from phthisis pulmonalis or some organic disease of the heart. The reflex system of nerves has been discovered and the separate functions of different portions of the spinal cord; the recognition of the self-limitation of certain diseases and knowledge of their natural history. The importance of this knowledge is now being recognized. Diseases which we now know to be self-limited, and tend intrinsically to recovery, were formerly treated entirely by medication, as if the recovery de-

pended solely upon that. The discoveries of the microscope have added a field of unlimited research. The employment of anesthetics and their applications in medicine, as well as in surgery and obstetrics, have been a boon that we cannot be too thankful for. The clinical introduction of the ophthalmoscope and laryngoscope have completely revolutionized the treatment of diseases of the eye and larynx. The clinical use of the thermometer has been of material aid in the diagnosis of disease, and the use of the hypodermic syringe has been the means of relieving suffering of almost God-given power.

The recent revelations respecting the bacterial origin of disease opens a field of research, of which no one can see the end. The use of antiseptics in surgery and obstetrics has been claiming a large share of the attention of physicians the last few years. While, no doubt, some carry it to extremes, the evidence in its favor, especially in surgery, is so preponderating that to the unprejudiced mind its great utility is unquestioned.

While formerly in the major operations of surgery very many died; now, in the same operations under antiseptics, very few die. Even in the smaller operations and wounds that formerly took months to get well now under antiseptics get well in a short time.

When we take into consideration the wonderful discoveries made in instruments for the conduction and intensification of sound, so as to enable us by means of the microphone to listen to the foot steps of a fly, and improvements made in instruments for lighting the interior structures, such as the laryngoscope, the rhinoscope, the ophthalmoscope, together with developments made in electric light, it may not be very long before it will be literally true that we can hear and see right through a man.

The regular physician is sometimes called Allopathic. We do not recognize that term. We belong to no pathy. We are bound down by no dogma, hampered by no exclusive system of practice, but have the universe to draw from—not only what is on the earth, in the earth and around the earth, but by means of spectrum analysis we utilize the light from the far off stars, that have been thousands of years in reaching the earth, in microscopical examinations of pathological specimens. We believe in the doctrine of the evangelist:

"Prove all things and hold fast to that which is good."

—DOYLESTOWN, PA.

Bucks County Intelligencer.

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THE DOYLESTOWN INTELLIGENCER,
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ALFRED PASCHALL & CO.,

Editors and Publishers,

DOYLESTOWN, BUCKS COUNTY, PA.

ENTERED AT THE POST OFFICE IN DOYLESTOWN AS
SECOND-CLASS MATTER.

Friday Morning, December 14, 1888.

has now been provided for. The regular Christmas entertainment of the school will be held on the evening of the 24th.

Samuel Keller lately exchanged his farm at Danborough with Charles B. Livezey for a number of dwelling houses in Philadelphia. Mr. Livezey has since sold the farm, which contains about 47 acres, to Henry Keller, of New Britain, for \$6000.

Rev. G. H. Lorah preached at Danborough on Sunday afternoon. Hereafter he will preach there monthly.

Mathias C. Wagner removed to Philadelphia, where he is now employed, on Monday last.

Henry D. Haldeman, who lived near the toll gate on the Plumsteadville pike, died of typhoid pneumonia on Tuesday night. Mr. Haldeman's widow and sister are both quite sick with the same disease.

A dancing party was held at the Danborough hotel on Wednesday evening. It was largely attended, many of the participants coming quite a long distance.

Newtown.

The "Strohl Family" drew a \$94 house in the Hall on the evening of the 6th inst. Their performance was not considered up to the standard established in their previous visits.

The third entertainment of the course was given in the Hall on Saturday evening, 8th inst., consisting of humorous and dramatic recitals by Prof. Robert L. Cumnock. This was his second visit to our town in this role, and his selections gave general satisfaction. There was a good audience present.

The first water was pumped into the reservoir on Saturday, 8th inst. The pump worked well. The water commenced flowing into the reservoir about 4 p. m., and now stands about one foot in depth. The intention is to let it out again, give the bottom a second coat of cement, then fill it ready for future use.

The real estate of James R. VanHorn, dec'd, in Newtown borough was offered at public sale by the executors on the 12th inst., but not sold.

The sale of the personal property of George B. Buckman on the 12th inst. was well attended and fair prices realized. Arthur Smith's sale of stock and farming implements on the 11th was also well attended. Hay brought 65 cents per cwt., in the mow, new corn 51 cents.

The triennial assessors have been viewing the properties in our borough so as to fix values for the next three years.

The freight business on our railroad is increasing yearly. Several of the farmers have shares in the passenger railway stables and are shipping large quantities of manure.

Among the recent arrivals...

Mrs. Jacob Stauffer, aged about 83 years, of Millora square, last week had two more attacks of paralysis and is now lying at the point of death.

Mrs. Captain Robert Holmes, of Reading, is visiting at her father's, John Beatty, Doylestown.

Mr. and Mrs. H. M. Kister, of Philadelphia, were in Doylestown on Sunday.

Rev. Dr. Samuel Clements, who for the past sixteen years has been at Cheltenham Academy, Orono, Pa., died at that institution on Sunday morning. He was for a number of years assistant minister at St. Andrew's Protestant Episcopal Church and also had a charge at Trenton. He leaves a wife and one daughter.

Miss Annie Rehill, of Doylestown, is seriously ill.

Dr. Charles Mann, of Bridgeport, Pa., was in Doylestown on Monday.

Dr. Harman Yerkes died suddenly at his residence in Phoenixville, Monday morning, of heart failure. He was 69 years of age, and had practiced medicine in that place a period of 42 years. He was in active practice up to his death. A wife and married daughter survive him.

He was a native of Bucks county, and a brother of Dr. H. P. Yerkes, of Doylestown.

William Aspy Hough, a former resident of Bucks county, died at Ewing, N. J., on Tuesday. He was a lineal descendant of Richard Hough, the first settler of that name in Bucks county.

Misses Annie and Jennie Groom, of Buckingham, are visiting relatives in Philadelphia.

Miss Amelia Gwinner, of Milford, Pa., is spending some time with her brother, Samuel F. Gwinner, of Taylorsville.

Horace P. Bush, of Doylestown, is now assistant agent for the Adams Express Company at Lansdale.

Mrs. Phineas R. Slack, New Hope, is visiting relatives and friends in Philadelphia, and Moorestown, N. J.

Mrs. I. J. Boothe, of Birmingham, Conn., reached Doylestown on Wednesday evening, for a visit to her parents, Mr. and Mrs. L. F. Worthington.

Thomas C. Knowles and John H. Sines, of Yardley, were in Doylestown on Wednesday and visited the INTELLIGENCER office.

Mrs. William Davis, of near Penn's Park, spent several days last week with Mrs. Dr. Joseph E. Smith, Yardley.

John Leband, of Richieu, has been for a short time quite sick, but is now able to be about again.

Harry Smith, Southampton, is gunning in Maryland.

Wanamaker's.

PHILADELPHIA, Monday, Dec. 10, 1888.

Beginning Saturday, December 15, and continuing until Christmas, the store will be open evenings.

We are doing from fifteen to twenty-five per cent better to-day on Embroidered Linen Handkerchiefs than we ever did before.

A broad statement, you say. Yes, but there isn't a bit of guesswork about it. We keep a careful finger on the pulse of trade. *We know.* So can you.

Hold up the first one we come to. Sheerest Linen Cambric with the seeming of silk that only comes to the finest hand-spun flax. Machine-worked linen never gets that delicate lustre. Swiss work; like a silken cobweb. Not overloaded with embroidery; just a delicate scattering of sprigs and sprays, and a daintily scalloped edge. The quietly rich sort of Handkerchief that any lady would joy to carry. Twenty modest designs, 75 cents each. *The linen alone is worth \$1.25 as linen prices go.* Flowers have bloomed but once since we sold precisely the same Handkerchief at \$1.75 each.

Here's another glance:

Women's Hemstitched and Embroidered Handkerchiefs, 12½c, 20c, 25c, 30c, 35c, 40c, 45c, 50c, 55c, 75c, 80c, 85c, \$1.

Women's Scalloped and Embroidered Handkerchiefs, 25c, 30c, 35c, 45c, 50c, 55c, 75c, 85c, \$1, \$1.25, \$1.50, \$1.75, \$2, \$2.25, \$2.50, \$2.75, \$3, \$3.25, \$3.50, to \$6 each.

Misses' Hemstitched and Embroidered Handkerchiefs, 20 and 25c.

Misses' Scalloped and Embroidered Handkerchiefs, 25, 35 and 50c.

It's hand embroidery, not machine, that we're talking of, and the purest of linen every time. The cost of embroidering has gone up in Switzerland and Ireland, but you'd never mistrust it from these prices. The Handkerchiefs come to us direct from the manufacturers. *You would pay more for the same goods in either London or Paris.*

Outside these regular prices there are four in Women's Handkerchiefs that we point specially to:

Women's Plain White Hemstitched, unlaundered, 72c a dozen. Same, laundered, \$1, \$1.20, \$1.50, \$1.80, \$2.16, \$2.40, \$3, \$3.60, and \$4.20 a dozen.

Women's Hemstitched Initial Handkerchief, hand embroidered, \$1.20 a dozen. Same, a little better, 12½c each.

Women's Printed Hemstitched Handkerchief, printed initial, very pretty \$1.20 a dozen.

Quite as ready in Men's styles:

Men's Plain Hemmed Tape Bordered Handkerchiefs, 10c each to \$7.50 a dozen.

Same, extra large, \$2.40 to \$9 a dozen.

Men's Hemstitched and Embroidered, 50c each.

Men's Hemstitched, unfinished, 12½c each. A Handkerchief just as good as we have been selling for 20c.

Men's Plain White Hemstitched ¼ Handkerchiefs, ¼, ½, 1, and 2 inch hem, \$2.40, \$3, \$3.60, \$4.20, \$5.40, \$6, \$7.50, \$9 a dozen.

Men's ½ Hemstitched Handkerchiefs, \$4.20, \$4.80, \$5.40, \$6, \$7.50, \$9, \$12 a dozen.

Men's Hemstitched and Printed, 15 new and very neat designs on good quality linen, \$1.50 a dozen.

Better, larger, finer, at \$3, \$4.20, \$5.40, \$6 a dozen.

French designs, \$6 a dozen. Extra large and very fine, in fantastic designs, \$7.20 a dozen.

Men's Initial, unlaundered, 25c each; laundered, 25, 40, and 50c each.

Boys' Colored Woven Bordered Handkerchiefs in ½-dozen boxes, 30c a box.

A word about the "box" business. The common way is to sell you a box and throw the Handkerchiefs in—that's about what it amounts to. Even coarse, common Handkerchiefs have a chipper look when in a fancy box. We turn the plan end for end—sell you the Handkerchiefs cheaper than you can get them anywhere else *and throw in a fancy box with each half dozen.*

Have you a doubt as to where the Handkerchief trade of Philadelphia centres?

Just the same with Linens of all sorts.

Silk is cold. You don't feel like snuggling up to the common run of Silk Mufflers or Silk Handkerchiefs in chilly weather. It takes a big slice of wit on the maker's part to get up a soft, warm Silk. No one equals Brocklehurst in that. His "London made" Mufflers (really made in Macclesfield) have crowded "satin finished" and the whole covey of stiff, dress-loaded styles to one side. Some very good Mufflers, though, that never saw England—almost as cashmere in finish. There's a Chinese imitation, heavy twilled, pure Silk, that's singularly soft.

Chinese Imitation English Mufflers, 75c each.

English Mufflers, \$1, \$1.25, \$1.50, \$1.75, \$2, \$2.50.

Same, extra heavy, 35 inches square, \$2.50—almost 4 ounces of pure silk.

Domestic Mufflers, 65c to \$2 each.

French Mufflers, \$1 and \$1.25 each.

Colored Mufflers, 65c to \$2 each.

Printed Cashmere Mufflers (wool, cotton warp), 25c to 75c each.

Silk-and-Cotton Mufflers, 60c, 65c, and 75c each.

Plain White Mufflers, satin stripes, 75c each.

Silver Plated Ware that can raise a solid doubt in a burglar's mind is good enough for anybody. There's plenty of such ware. Plenty more that's shadow-washed and thin at that. There's where the risk to you comes in.

You must buy of a dealer whose word means something, or take chances.

"A1" in silver plate doesn't mean what it does in ships; "double" is better, "triple" better still.

Such work as Rogers Brothers "1847 Imperial" is at the top in either grade. It's a rare thing when you can get a piece of that stamp under price. The last time to look for such a chance with Christmas three weeks off. The chance is here just the same. Fresh, perfect goods. On the counters this morning. Prices are by the dozen:

	A1	DOUBLE	TRIPLE
	were	were	were
Teaspoons.....	\$2.70	\$1.70	\$3.25
Desertspoons.....	4.50	3.25	5.75
Tablespoons.....	5.25	3.50	6.50
Forks.....	4.50	3.50	5.75

Sort of house-warming for silverware in it's new place, second floor.

JOHN WANAMAKER

Musical.

C. W. KENNEDY & CO., PIANOS AND ORGANS, 1624 Chestnut Street, Philadelphia

No other stock of Seal Skin Cloths like that here. The most and finest to be got and at the most favorable prices, 50 inches wide, for Jackets, Ulsters, Sacque and Trimmings.

Astrakans in a dozen styles of Black and in all sorts of colors. 50 inches wide